

5901 EAST MARGINAL WAY SOUTH
P.O. BOX 24867
SEATTLE, WASHINGTON 98124
206-762-7170 FAX 206-767-2442

PSAPCA OCT 30 1998

October 28, 1998

Elizabeth Gilpin: Air Pollution Inspector Puget Sound Air Pollution Control Agency 110 Union Street --- Suite 500 Seattle, WA 98101-2038

RE: Work Order Reports

Dear Ms. Gilpin:

Per our discussion, I followed up to see what reports we have on these two procedures. It appears as if we had an informal manner in doing these checks. I made both of these tasks a formal, what we call 'work orders' procedure. These will automatically print out on the given time interval. The work is then done and entered into our maintenance computer as our 'log'.

Please note the Bag House work was done today.

Thank you for letting me know that these are things you would expect. We have been doing both jobs but have no written record to show anyone. This makes a much better system for everyone and does not rely on memory. Thanks.

Sincerely,

Tom Craig

Plant Manager

LFCo -- Seattle

USEPA SF 1259933

, . · · · ·	. Ely			(***) (***))	,			
WORK ORDER	No: 990	0858		Page 1		10/28/98):37:17 AM		
	Task #: 04-600-1105 VERIFY THE BAG HOU ATTACHED	ISE VIBRATOR OP	PERATES, \	/ERIFY THE BAGS	(INSPE S ARE AL	•			
	05 By Warranty	: N Priority: 3.	.00	Scheduled Start:)/28/98		
Requested on:	at:		Г	Completion Date:		Time:			
Originator:	Reason for C Ext:	outage:	[Craft # F	People	# Hours			
Assigned To:	By:	-							
Eq #: 1105 IMPERIAL INDUSTRIE Serial #: 1149	Every b month			Drawing #:: Measurment: Revision #:: Revision Date: Custom Field 5:		IRT TYPE			
Cost Center: Gen Ledger #:				Must Be Down:	N	Meter #	Reading		
Department: CORRUG	GATOR Building :			Est Down Time: Down Time:					
Floor/Room:			ţ			1			
Location:							<u> </u>		
Safety Notes:						·			
Comments:				·					
List extra parts used and comments here Activated and checked VIBRATOR - WORKing Properly. All bays in bay house are in place. (16 BAGS)									
Employee Code	for Equipment #	Date		Name		Reg Hrs	Ot Hrs		
	1/05	10/28	Gra	1zetto		1.0			
					·				
									
Cample	ted III	10/28				-			

CLEAVER BROOKS STEAM BOILER Serial #: L-94820 Cost Center: C3-8000 Gen Ledger #: Department: CORRUGATOR Building: Floor/Room: / Location: Revision Date: Custom Field 5: Must Be Down: N Est Down Time: Down Time: Down Time:		ISK #: 04-12A-8000 DNVERT TO DIESEL ENSURE ALL CONTROLS	(INSPEC S & BOILER OPERATE PROPERI	•	
Originator: Reason for Outage: Craft # People # Hours Phone: Ext: Assigned To: By: ### People # Hours Drawing #:: CLEAVER BROOKS	Expense Class: 8000	By Warranty: N Priority: 3.00	Scheduled Start: 10/28/98	Finish: 10/28/98	
Phone: Ext: Assigned To: By: Secondary - in Morambar Drawing #:: CLEAVER BROOKS	Requested on:	at:	Completion Date:	Time:	
Assigned To: By: ###################################	Originator:	Reason for Outage:	Craft #People	# Hours	
yearly - in November Eq #: 8000 CLEAVER BROOKS STEAM BOILER Serial #: L-94820 Cost Center: C3-8000 Gen Ledger #: Department: CORRUGATOR Building: Floor/Room: / Location: Safety Notes: List extra parts used and comments here		Ext:		· · · · · · · · · · · · · · · · · · ·	
Measurment: Eq #: 8000	Assigned To:	By:			
Gen Ledger #: Department: CORRUGATOR Building: Floor/Room: Location: Safety Notes: Comments: List extra parts used and comments here	Eq #: 8000 CLEAVER BROOKS STEA Serial #: L-94820	.	Measurment: Revision #:: Revision Date:	VER BROOKS	
Safety Notes: Comments: List extra parts used and comments here	Gen Ledger #: Department: CORRUGAT Floor/Room:	OR Building: /	Est Down Time:	fleter# Rea	ding
Comments: List extra parts used and comments here				· · · · · · · · · · · · · · · · · · ·	
	Comments:				
The Property of Equipment # Date Haine Reg nis Ot nis			Nama	Pag Hrs Oth	
	Employee Code 10	or Equipment # Date	Name	Reg Hrs Ot F	irs

Page 1

9:40:07 AM

10/28/98

Task Instructions

WORK ORDER

CONVERT TO DIESIL FUEL TO ENSURE ALL CONTROLS OPERATE P{ROPERLY AND BOILER OPERATES PROPERLY. CHECK EXHAUST STACK TO SEE HOW EFFICIENT BOILER APPEARS TO BE.

* NOTIFY IN ADVANCE

PUGET SOUND AIR POLLUTION INSPECTION VIA PHONE 206-689-4026 OR BY FAX 206-343-7522 THAT TEST WILL TAKE PLACE (DATE OF TEST)